

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2		1					52		
3		2					53		
4		2					54		
5		2					55		
6	1						56		
7		1					57		
8		1					58		
9		3					59		
10		8					60		
11		8					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16	1						66		
17		1					67		
18		2					68		
19		2					69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	16						TOTAL DEP.		
TOTAL CLAIMS	19						TOTAL CLAIMS		